

TRANSMITTAL FORM

Attorney Docket No.

RAL9-99-01242710PIn re the application **Michael J. JOHNSON**Confirmation No: **7028**Serial No: **09/503,676**Group Art Unit: **2155**Filed: **February 14, 2000**Examiner: **Won, Young N.**For: **Generic Network Protocol Layer with Supporting Data Structure**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief (in triplicate)
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for two onth(s), from October 16, 2004 to December 15, 2004.			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

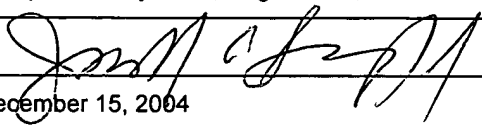
CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	46	47	0	\$ 50.00	\$ 0.00
Independent Claims	12	12	0	\$200.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>08131</u> in the amount of <u>\$450.00</u> is enclosed for payment of two month extension fee.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	December 15, 2004

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 15, 2004

Type or printed name	Irena Nikolova
Signature	